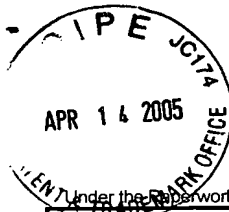


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PTO/SB/83 (09-04)
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/880,788
	Filing Date	June 15, 2001
	First Named Inventor	David K. Herman
	Art Unit	3627
	Examiner Name	M.T.T. Thein
	Attorney Docket Number	Herman 1

Commissioner for Patents
To: P.O. Box 1450
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Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

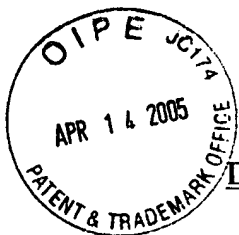
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Current Assignee has requested return of file and will assume responsibility for further prosecution.

CORRESPONDENCE ADDRESS					
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.					
2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:					
<input type="checkbox"/> The address associated with Customer Number: <input type="text"/>					
OR					
<input checked="" type="checkbox"/> Firm or Individual Name		Kyshon Rivers			
Address		Agere Systems Inc. 4 Connell Drive			
City		Berkeley Heights	State	N.J.	Zip 07922
Country		U.S.			
Telephone		610-712-8514	Fax	610-712-8644	
Signature					
Name		Thomas J. D'Amico		Registration No.	28,371
Date		April 15, 2005		Telephone No.	(202) 828-2232
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.					



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